(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL069001 03/16/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 22 MAGNOLIA WAY THE GARDENS OF PAMLICO GRANTSBORO, NC 28529 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of Biennial Construction Survey by Frank Strickland and Greg Cates on 03/16/2016: Information obtained from the DHSR database indicates that this facility was licensed on 12/23/1996. Based on this information, we are requiring the facility to meet the 1996 North Carolina State Building Code Volume I General Construction Reference Section 409.1 Group I -Unrestrained, the 1994 Rules for the Licensing of Adult Care Homes, and applicable portions of the 2005 Regulations for Adult Care Homes. FACILITY IS LICENSED FOR FORTY BEDS (12 BED SCU). Deficiencies have been cited and a Plan of Correction is required. C 101 Existing Licensed Fac- No less than '71 Rules C 101 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED			
		HAL069001	B. WING		03/1	6/2016		
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
THE GAI	THE GARDENS OF PAMLICO  22 MAGNOLIA WAY  GRANTSBORO, NC 28529							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION				(X5) COMPLETE DATE		
C 101	Continued From pa	ge 1	C 101					
	maintained the mea (magnetic locks) on Section 1012.6 of the Code. Section 1012 required emergency locking type, all staff release switch keys Findings on 03/16/2 The required emergate each magneticall locking type with key the SCU were not conterviewed, none	ations, this facility has not asures for the Special Locking a the exit doors as allowed by the 1996 NC State Building 2.6.1. 4. F. requires, "If any your release switch is of the firmust carry emergency but a comparison of the several staff in the carrying. Of the several staff arried release switch keys. All ansible for the evacuation of the carry an emergency release						
C 164	SECTION .0300 - F 10A NCAC 13F .030 FURNISHINGS (a) Adult care home (1) have walls, ceili coverings kept clea (2) have no chronic (3) have furniture of	es shall: ings, and floors or floor n and in good repair;	C 164					
	provide an environn Rule by not providir	et as evidenced by: ration, the facility failed to nent in accordance with this ng ventilation where odors are uld affect residents and staff						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION  01		E SURVEY PLETED		
		HAL069001	B. WING		03/	16/2016		
	NAME OF PROVIDER OR SUPPLIER  THE GARDENS OF PAMLICO  STREET ADDRESS, CITY, STATE, ZIP CODE  22 MAGNOLIA WAY GRANTSBORO, NC 28529							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE		
C 164	by subjecting them  Findings on 03/16/2 The mechanical exinterior air in the folical Storage Room (No Mechanical Room	to house-keeping odors.  2016: haust fans are not exhausting lowing locations: ge Room in the Staff Break ical Ventilation in Place)  ation, the facility has not viced the HVAC supply and  2016: have excessive particulate Care Bathroom.  vation, the facility has not e manner by improper storage s. This could affect all by potentially exposing them of tured ruptured cyclinder.  2016: es being stored in Room 201 the Wing not in racks.  ation, the facility has not to bars in the Bathroom and  2016: not secured to adjacent to the ing locations: emory Care	C 164					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> (X3) DATE COMF		SURVEY LETED	
		HAL069001	B. WING		03/1	6/2016
	PROVIDER OR SUPPLIER	22 MAGNO	OLIA WAY	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	GRANTSE TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE	(X5) COMPLETE DATE
C 164	gas burners but mo		C 164			
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER and all fire safety, electrical, umbing equipment in an adult maintained in a safe and	C 189			
	illumination and eximaintained in a safall residents, staff a providing illumination event of an emerge Findings on 03/16/2 The emergency light when tested on the the Activity Room a exit signs are not ill interior entrace door	ations, the facility emergency t signage has not been e manner. This would affect and visitings guests by not on in the paths of egress in the ency.  2016: hting fixtures did not illuminate emergency mode located in nd Med Room-Blue Wing. The uminated at the Memory Care				
	maintained in a safe	ation, the facility has not e manner by improper storage s. This could affect all				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION  01	(X3) DATE SURVEY COMPLETED	
		HAI 060004	B. WING		00/40/0040	
		HAL069001			03/1	6/2016
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S <b>OLIA WAY</b>	STATE, ZIP CODE		
THE GAI	RDENS OF PAMLICO		BORO, NC 2	8529		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 4	C 189			
		by potentially exposing them tured ruptured cyclinder.				
		2016: es being stored in Room 201 ie Wing not in racks.				
	protection equipme	ations, the facility fire nt was not maintained in a bwing openings in the fire rated bly.				
	stepped on in the a sprinkler heads to hand openings in the	supply piping had been ttic which lead to all of the nave dropped escutcheons e sheet-rock ceiling at each at are located in the Blue				
		ation, the facility has not nbing fixtures for personal				
		racuum breakers installed at ning sinks and Central Bath				
	maintained in a saf- because the noted preventing the cont from the room of or	ation, the facility has not e and operating condition interior doors do not latch ainment of fire and/or smoke igin. This could affect all in the event of a fire.				
	Findings on 03/16/2 The door latching h following interior do (a) Central Bath-Me	ardware is damaged for the ors:				

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HAL069001 B. WING 03/16/20	2016							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
THE GARDENS OF PAMLICO  22 MAGNOLIA WAY  GRANTSBORO, NC 28529								
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	(X5) COMPLETE DATE							
C 189  (b) Central Bath-Blue Wing  6-Based on observation, the facility has not maintained in a safe and operating condition because the noted interior doors were not closed to prevent the containment of fire and/or smoke from the room of origin. This could affect all residents and staff in the event of a fire.  Findings on 03/16/2016: The following fire-rated doors were wedged open: (a) Solied Linen entry door into Main Laundry Room. (b) Kitchen entry door from Dining Hall								

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